

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 596356

FILING DATE

6-9-8

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		1		1		
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19	1		1			
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21		1		1		
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24		1		1		
25		1		1		
26		1		1		
27		2		1		
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29	1		1			
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TOTAL IND.	6		3			
TOTAL DEP.	39		25			
TOTAL CLAIMS	45		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
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TOTAL DEP.						
TOTAL CLAIMS						